

Tobacco Use in Kentucky



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This report was prepared by

Cabinet for Health and Family Services
Kentucky Department for Public Health
Division of Adult and Child Health Improvement
Chronic Disease Prevention and Control Branch
Tobacco Prevention and Cessation Program

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A Word from the Commissioner

Tobacco use continues to be the leading cause of preventable death, disease, and excess health care costs across Kentucky. The detrimental effect of tobacco use on an individual's health cannot be denied. The use of tobacco, and the chronic diseases related to its use, is killing our family members, friends and neighbors; over 8,000 Kentuckians die annually from tobacco-related illnesses.

This report focuses on the Healthy Kentuckians 2010 Objectives (listed on page 21) and where we stand today in reaching these objectives. Much work remains to be done in the next five years if we are to reach the benchmark set before us. Our dedication to moving the health risks of tobacco use to the foreground will lead Kentucky into a healthier future.

One in four women in Kentucky smoke during their pregnancy; among high school students and adults – nearly one in three smoke cigarettes. Fifteen percent of our middle school students smoke. Kentucky ranks first in the nation in cigarette use. When a woman smokes during her pregnancy, the effects are seen in the short term and generations into the future. Smoking during pregnancy increases the risks of fetal growth retardation, Sudden Infant Death Syndrome (SIDS), and childhood cancers.

The number of physical illnesses attributed to tobacco use increases almost daily. Cancer, cardiovascular disease, and respiratory illness are among the more well known consequences of tobacco use. To this list must be added infertility, gingivitis, osteoporosis, increased risks for cataracts and a myriad other illnesses that will decrease the life-expectancy and life-quality of those we care about. Tobacco has long been a part of Kentucky's culture. The result has been an increase in tobacco use followed by a corresponding increase in its adverse health consequences.

As a state, we also have a financial responsibility that all citizens are not held fiscally responsible for the choices others make. The burden of treating smoking-related illnesses is borne by all. The total smoking attributable medical expenditures in Kentucky are approximately \$1.2 billion annually; in excess of \$300 for each of the more than four million people living in our Commonwealth. It's also important to remember that smoking is an individual choice and not an illegal action. Still, we have a responsibility to educate the public about the addictive qualities and health risks associated with using tobacco products. We must assist those among us with their addiction to tobacco; 50 percent of smokers want to quit. Our duty should be to provide tools and support to help them overcome the stranglehold addiction has placed on their lives.

While recognizing that individuals are responsible for their behavior; as a state, we must also make some larger societal changes to help support healthy environments, and implement sound policies that encourage healthy choices easier for everyone -- those who use tobacco products and those who do not. That can best be accomplished at the community level where neighbors can help neighbors.

Our efforts will result in fewer lives adversely affected by tobacco use. While our history may have been rooted in the toil of the tobacco farm economy, our future will shine brightly as we embrace the tenets of a healthier lifestyle for all Kentuckians.



William D. Hacker, MD, FAAP, CPE
Commissioner

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Introduction

Tobacco use is the number one public health threat in Kentucky. The state's adult and youth smoking rates, annual deaths related to smoking, and lung cancer death rates are among the highest in the country.

More than 8,000 people die each year in Kentucky due to tobacco-related diseases. At current smoking rates, 87,902 Kentucky children who are 18 years or younger will die prematurely from smoking. According to the latest National Youth Tobacco Survey (YTS), 10% of middle school and 23% of high school students in the United States smoke cigarettes. Kentucky's youth far exceed the national average in current cigarette use. The Kentucky YTS revealed that 15% of middle school and 34% of high school students smoke cigarettes.

In Kentucky, approximately one of every four pregnant women smokes. This behavior places their children at risk for low birth weight, Sudden Infant Death Syndrome (SIDS), respiratory problems, and various other health conditions. Health care providers must place particular emphasis on counseling pregnant women and women of childbearing age to stop smoking. This counseling should continue even after the baby is born because secondhand smoke places the child at risk for respiratory illness, ear infection, asthma, and other illnesses.

The Tobacco Prevention and Cessation Program is located in the Kentucky Department for Public Health, Cabinet for Health and Family Services. The Program's mission is to reduce the amount of disease and the number of deaths related to the use of tobacco among Kentuckians. Initiatives are based on the Centers for Disease Control and Prevention (CDC) best practices to accomplish the four goals of preventing youth initiation, promoting quitting among adults and young people, eliminating exposure to secondhand smoke, and identifying and eliminating disparities among population groups disproportionately affected by tobacco use. Funding for the program comes from the CDC and the state Master Settlement Agreement (MSA).

A large portion of state MSA funds are allocated to local health departments for evidence-based programs ranging from youth education programs to adult cessation. Local health department staffs teach prevention education in schools, provide smoking cessation programs, conduct community assessments, offer technical assistance to schools and businesses, and develop coalitions to promote and provide community interventions related to tobacco use.

Federal funds support administrative staff, training, surveillance and evaluation, and the local grants program. These funds also support projects such as Kentucky's Tobacco Quit Line and Tobacco-Free Sports. Continued funding is based on achieving performance measures in the following areas: fiscal management, strategic planning, surveillance and evaluation, collaboration and communication with partners, local grant programs, training and technical assistance, information exchange, and strategies and activities that address the four CDC goals.

The following report details tobacco use in Kentucky and the toll it takes in productivity, health costs, and most of all, in human lives. The Tobacco Prevention and Cessation Program is committed to reducing the toll of tobacco in Kentucky and hopes this report will shed some light on, not only the problem, but some solutions for communities and the state.

Section A

Current Use

Current Smoking Among Adults

Kentucky is leading the nation in the percentage of adults who smoke. This status has not changed much since 1990, when Kentucky was ranked second to worst in the United States in percentage of adult smokers.

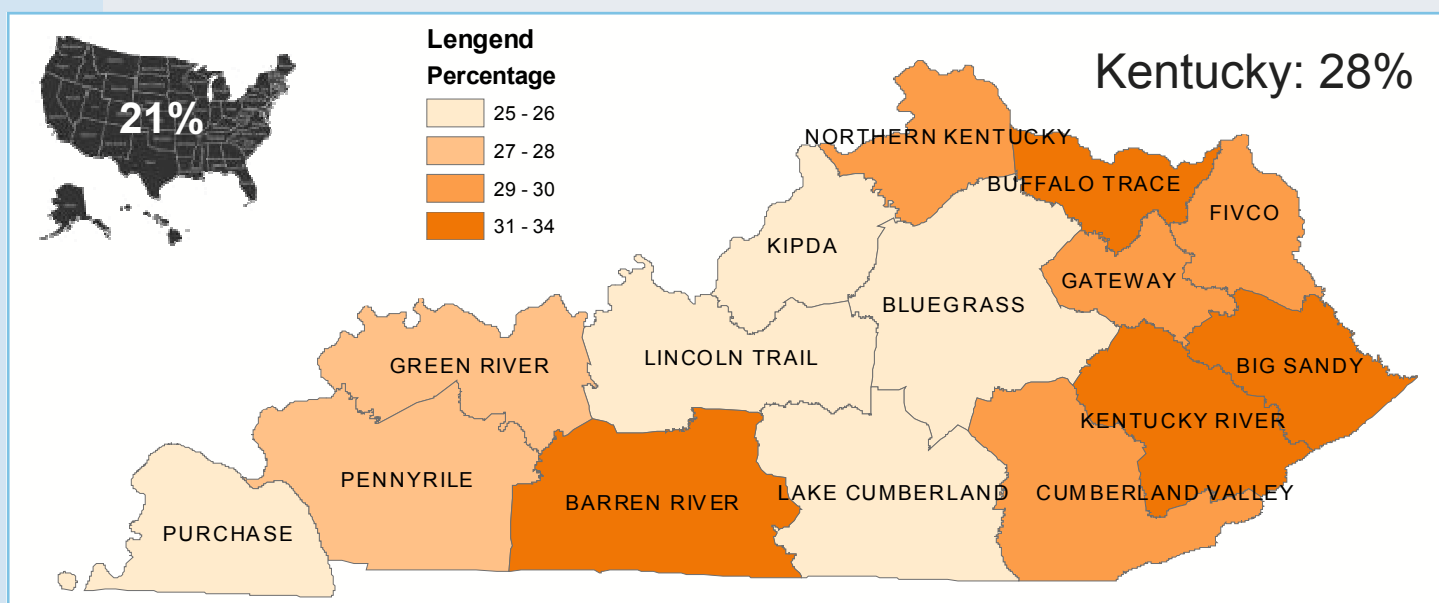


Figure A-1: Smoking Among Adults in Kentucky by Area Development District and United States (Source: BRFSS, 2004).

Figure A-1 shows that 28% of adults in Kentucky are smokers, compared to 21% nationally. As indicated in the figure, some areas of the state have higher percentages of adult smokers than others. Over half of the Area Development Districts (ADDs) in Kentucky (8) have smoking rates that are above the state average.

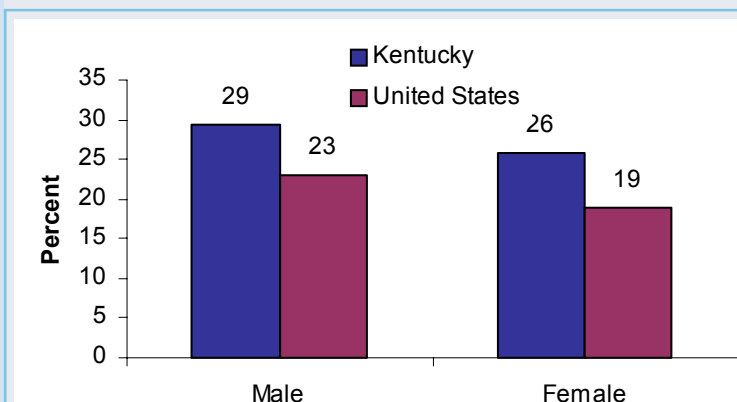


Figure A-2: Current Cigarette Use Among Adults by Gender (Source: BRFSS, 2004)

Figure A-2 shows adult cigarette use in Kentucky and the United States for men and women. In Kentucky, higher percentages of men and women smoke, compared to the United States. More men in Kentucky (29%) are current smokers, compared to women (25%).

Table A-1 lists the states with the lowest and highest smoking prevalence in the nation in 2004. Kentucky ranks 50th in the nation in the percentage of adults who smoke (28%). Utah has the lowest percentage of adult smokers of all states (11%).

Rank	Lowest	Smoking Prevalence	Rank	Highest	Smoking Prevalence
1	Utah	11%	46	Ohio	26%
2	California	15%	47	Oklahoma	26%
3	Idaho	17%	48	Tennessee	26%
4	Connecticut	18%	49	W. Virginia	27%
5	Arizona	19%	50	Kentucky	28%

Table A-1: States with Lowest and Highest Smoking Prevalence Among Adults, Source: BRFSS, 2004

Figure A-3 illustrates the percent of adult smokers in Kentucky among the population groups: race, level of education, age, and average yearly income. Approximately 29% of African American adults are smokers. Adults with less than 12 years of education report a higher percentage of smokers (39%), compared to all other education levels. The age group with the highest percentage of smokers is 25-44 years (32%). When looking at yearly income levels for adults in Kentucky, those who earn less than \$25,000 per year report a higher percentage of smokers (35%). The percentage of adults who smoke in Kentucky decreases with increased levels of education and income.

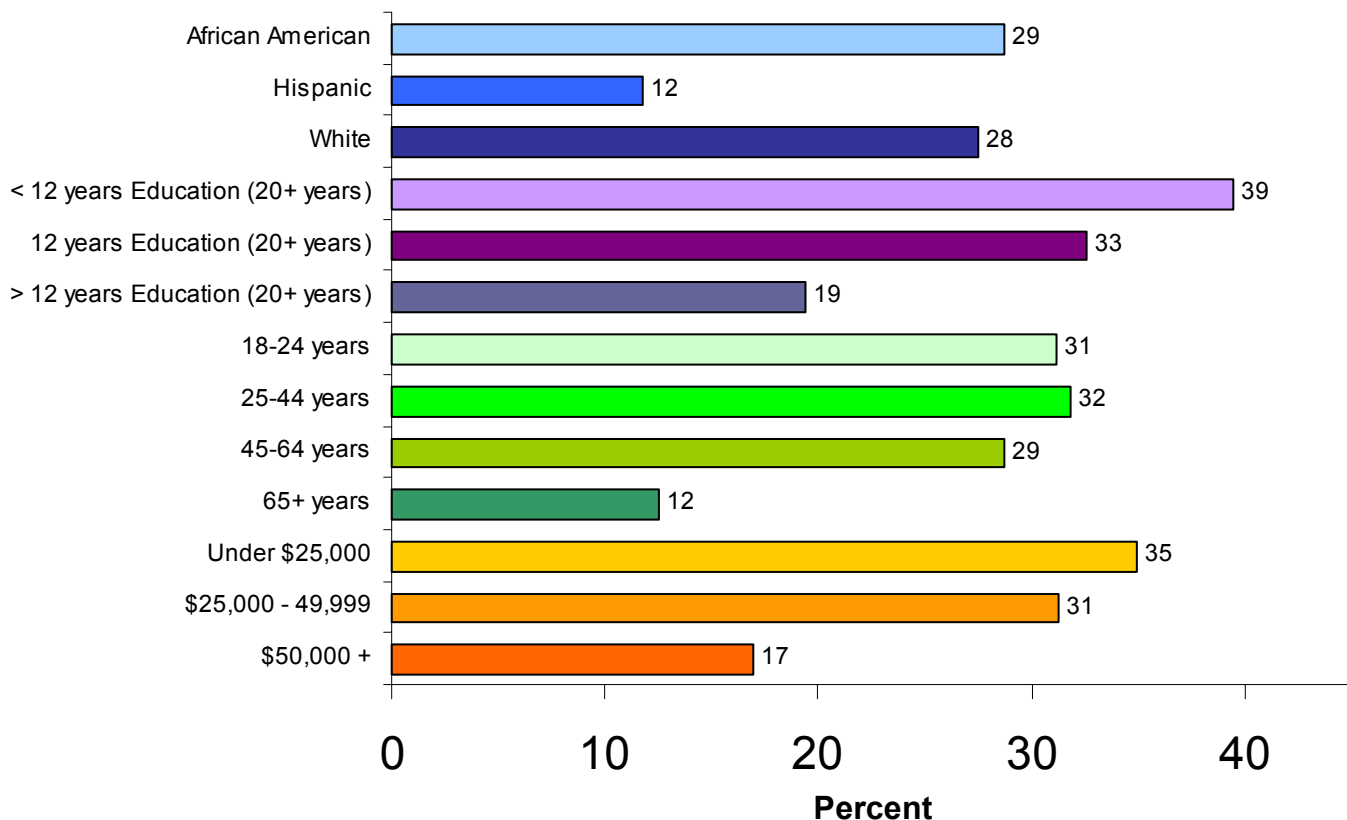


Figure A-3: Tobacco-Related Disparities in Cigarette Use Among Adult Population Groups in Kentucky (Source: BRFSS, 2004)

Current Smoking Among Youth in Middle School

Figure A-4 shows that 24% of middle school children in Kentucky are currently using some type of tobacco, compared to 13% of middle school children nationally. Cigarettes are the tobacco product most used in Kentucky (15%) and the United States (13%) for this age group. Spit tobacco is the second most used product by middle school children in Kentucky, followed by cigars and bidis.

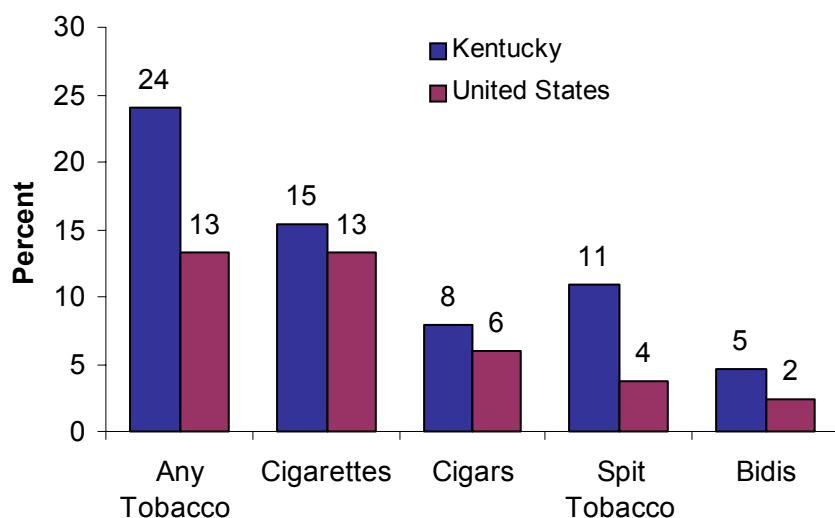


Figure A-4: Middle School Use of Tobacco by Type (Source: National and Kentucky YTS, 2002)

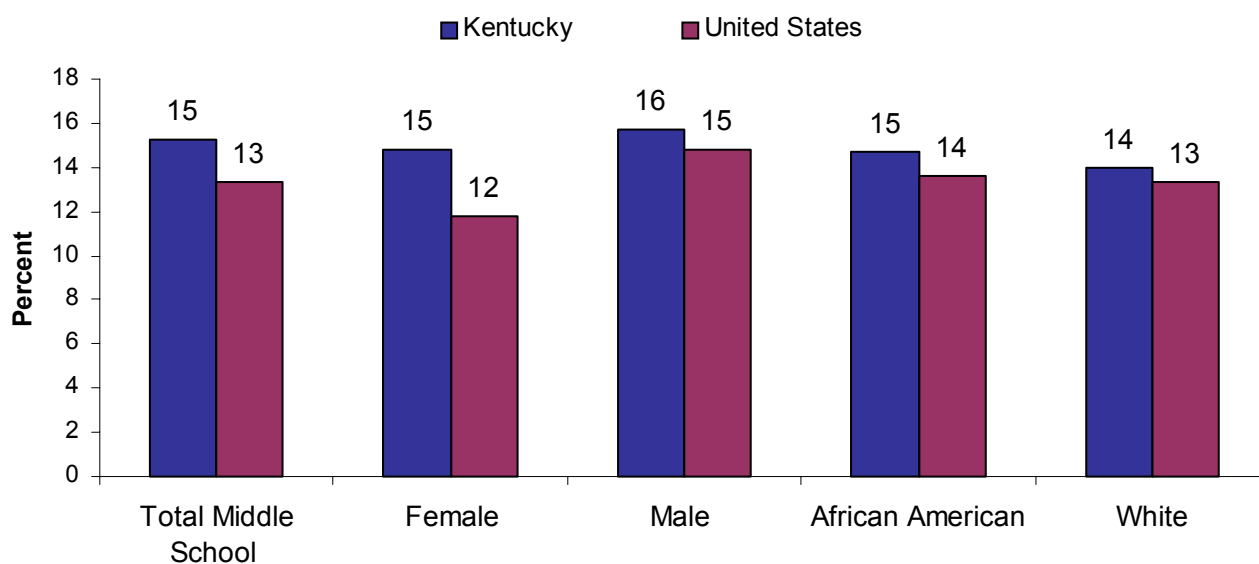


Figure A-5: Middle School Use of Cigarettes by Population Group (Source: National and Kentucky YTS, 2002)

Figure A-5 presents cigarette use in middle school children. A higher percentage of male students report cigarette use in Kentucky (16%) and the United States (15%) than females. A higher percentage of African American middle school students currently use cigarettes. This is seen in both Kentucky and the United States.

Current Smoking Among Youth in High School

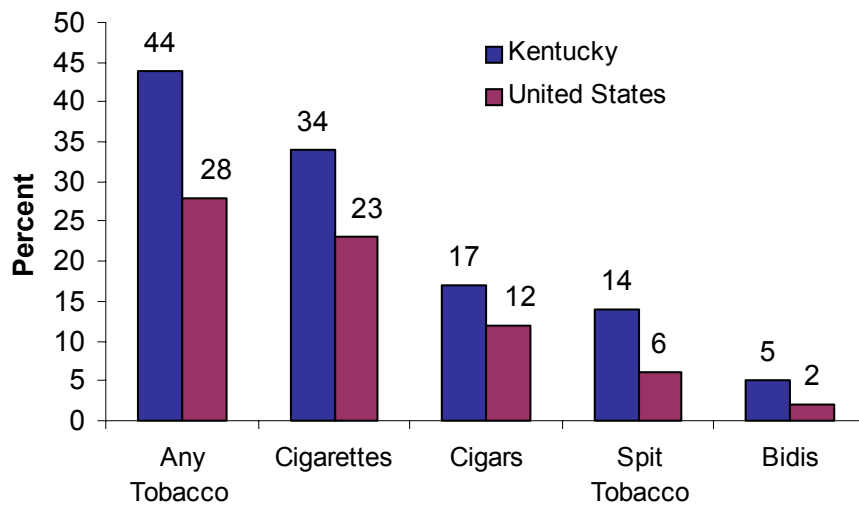


Figure A-6: High School Use of Tobacco by Type (Source: National and Kentucky YTS, 2002)

Figure A-6 indicates a greater percentage of high school students in Kentucky use tobacco (44%), compared to the nation (28%). Cigarettes are the most used tobacco product by high school students in Kentucky (34%) and the United States (23%). Cigars, spit tobacco, and bidis are also currently used by high school students in Kentucky and the United States.

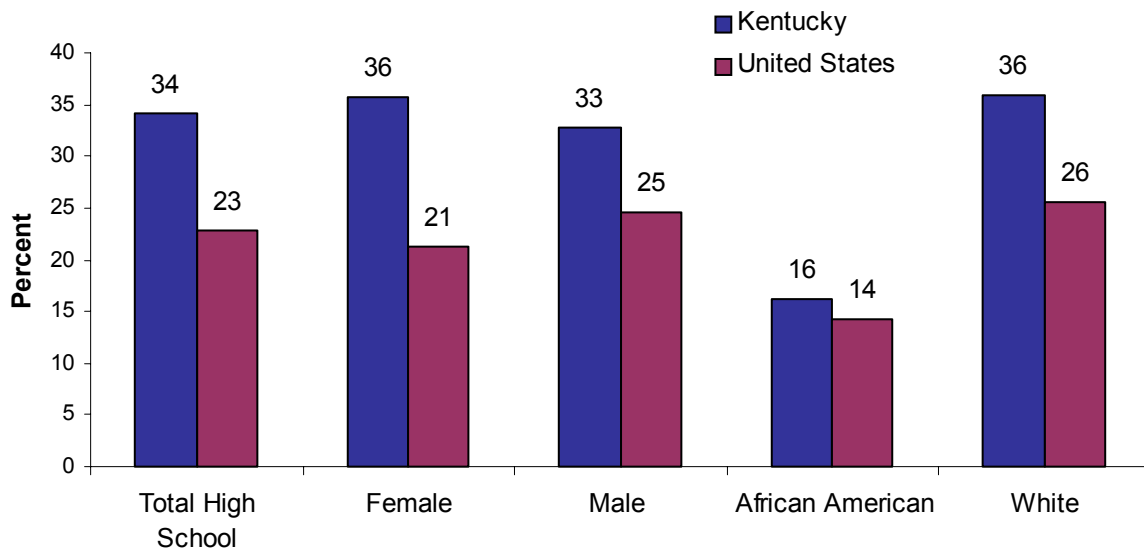


Figure A-7: High School Use of Cigarettes by Population Group (Source: National and Kentucky YTS, 2002)

Figure A-7 shows cigarette use among high school students. A higher percentage of female high school students report cigarette use in Kentucky (36%), compared to male students (33%). In the United States, a higher percentage of high school males (25%) use cigarettes compared to females (21%). For both Kentucky and the United States, a higher percentage of white high school students currently use cigarettes on average, compared to African American students.

Section B

Smoking During Pregnancy

Smoking during pregnancy risks the health of the mother and the fetus. The United States Public Health Service states that smoking during pregnancy can cause low birth weight babies, pre-term deliveries, increased risk for miscarriage, SIDS, fetal growth retardation, spontaneous abortions, cleft palates and cleft lips, and childhood cancers.

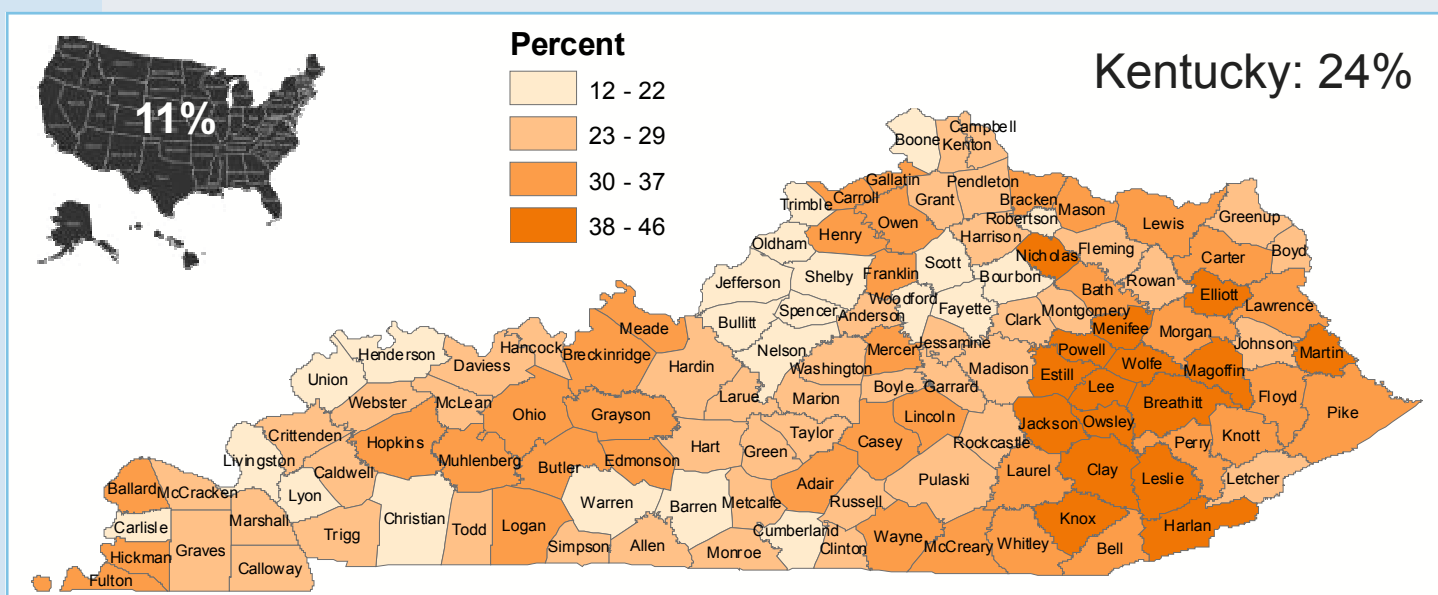


Figure B-1: Smoking During Pregnancy in Kentucky Counties and United States (Source: National and Kentucky Vital Statistics, 2003)

Figure B-1 shows the percentage of pregnant women who smoked during pregnancy by Kentucky county, and in the United States. Kentucky has the second highest percentage of pregnant smokers, 24% versus the national average of 11%. Counties in the Appalachian region of Eastern Kentucky show a higher prevalence of pregnant smokers, compared to other areas.

Figure B-2 shows prevalence of pregnant smokers for Kentucky and the United States over recent years. The percentage of pregnant women who smoke during pregnancy is higher in Kentucky than in the nation, and has shown no decline over the years.

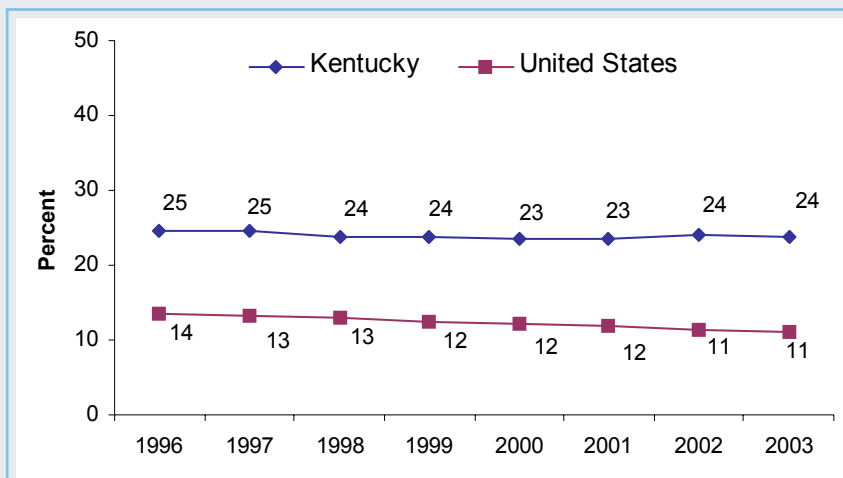


Figure B-2: Prevalence of Pregnant Smokers in Kentucky and United States (Source: National and Kentucky Vital Statistics)

Section C

Quit Attempts

According to the Centers for Disease Control and Prevention, an estimated 70% of current smokers want to quit. If 1% of smokers in Kentucky quit today, there would be an estimated 29,900 fewer smokers. Smokers who quit, no matter how old they are, will experience immediate and long-term health benefits including improved quality of life. Quitting smoking also reduces the amount of secondhand smoke that others are exposed to, which improves health and quality of life for everyone.

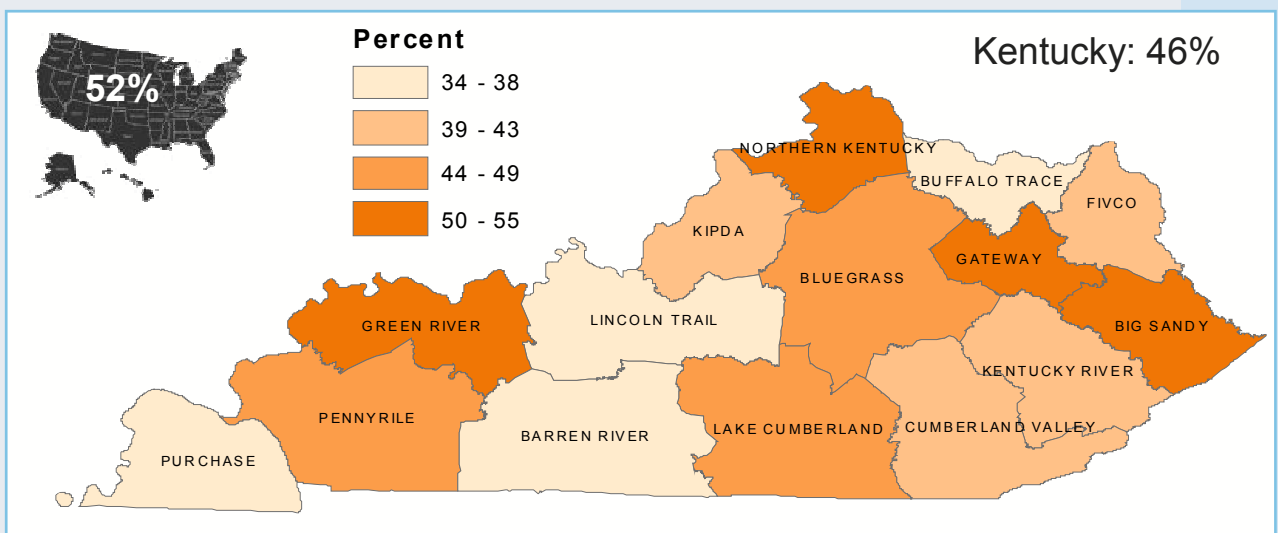


Figure C-1: Adult Attempts to Quit for One Day or Longer in Kentucky ADDs and the United States (Source: BRFSS, 2002)

Figure C-1 shows the percentage of adult smokers who attempted to quit smoking for a day or longer in each ADD in Kentucky. Approximately 46% of smokers in Kentucky reported trying to quit, compared to 52% in the United States. Green River, Northern Kentucky, Gateway, and Big Sandy area development districts reported the highest percent of smokers who attempted to quit.

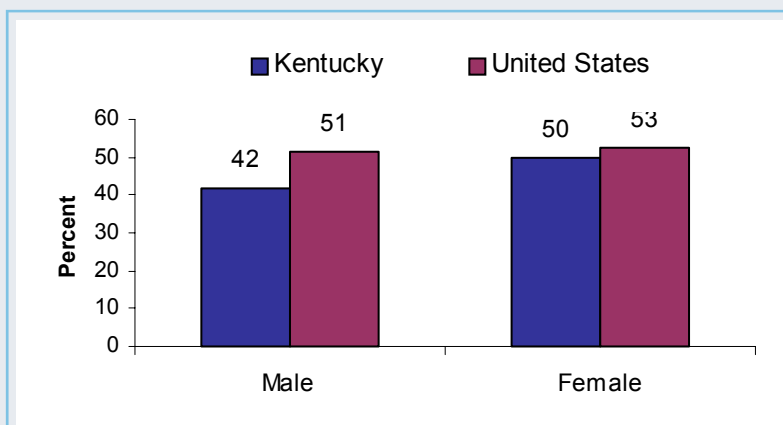


Figure C-2: Adult Attempts to Quit for One Day or Longer by Gender (Source: BRFSS, 2002)

Figure C-2 shows the percentage of adult smokers who attempted to quit smoking in 2002 in Kentucky and the United States for men and women. In Kentucky, a lower percentage of men and women attempted to quit smoking, compared to the United States. More women (50%) in Kentucky tried to stop smoking than men (42%).

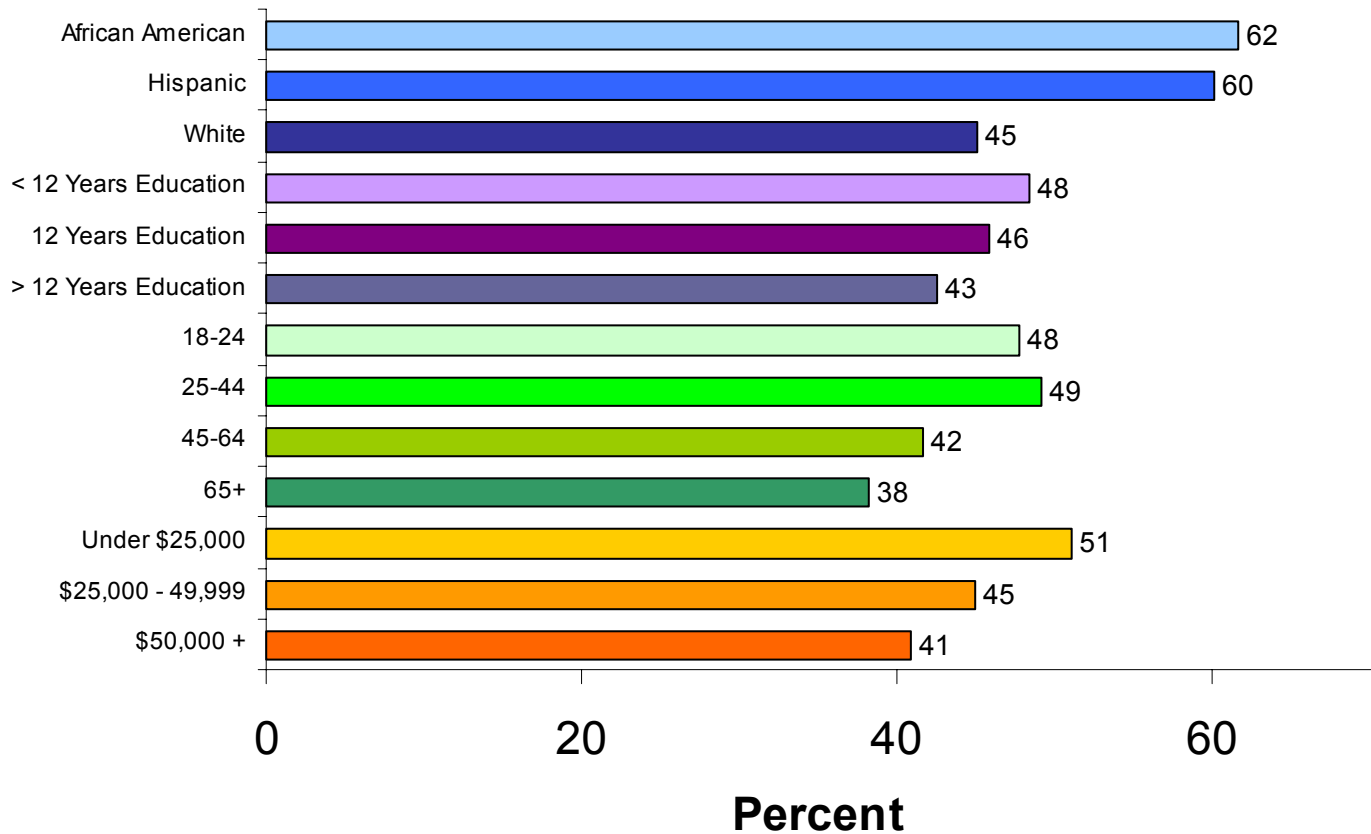


Figure C-3: Tobacco-Related Disparities in Quit Attempts Among Adult Population Groups in Kentucky (Source: BRFSS, 2002)

Figure C-3 demonstrates the percentage of adult smokers in Kentucky who attempted to quit smoking by race, level of education, age, and average yearly income. African Americans in Kentucky have the highest percentage of adult smokers who made quit attempts (62%). Forty-eight percent (48%) of adult smokers who had less than 12 years of education attempted to stop smoking, compared to 46% with a high school education and 43% with higher than a high school education. The age group with the highest percentage of quit attempts by smokers is 25 – 44 years (49%). When looking at income levels, the highest percentage of smokers who attempted to quit (51%) earned less than \$25,000 per year.

Section D

Health Consequences

The Surgeon General released a report in 1964 that concluded smoking was the cause of serious diseases, including lung cancer in men and chronic bronchitis. Other reports released by the Surgeon General over the past 40 years have expanded the list of diseases caused by smoking. The latest report in 2004 announced that smoking causes diseases in nearly every organ of the body. In the United States, cigarette smoking is the leading preventable cause of death.¹ Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined. Thousands more die from other tobacco-related causes, including smoking-attributable fires and smokeless tobacco use.²

Smoking-Attributable Mortality

Smoking-Attributable Mortality (SAM) is the number of deaths caused by diseases for which cigarette smoking is a primary risk factor. Every year in Kentucky, over 8,000 people die from tobacco-related illnesses. These diseases include cancer (42%), cardiovascular disease (33%), and respiratory disease (25%). Of all trachea, lung, and bronchus cancer deaths during 2001 in Kentucky, 91 percent were attributed to smoking for males age 35 to 64 and 80 percent were attributed to smoking for females age 35 to 64.³

Figure D-1 shows SAM rates by disease in Kentucky and the United States. For every 100,000 people, 385 die from a smoking-attributable disease in Kentucky, compared to 273 nationally. SAM rates are higher from cancer compared to other diseases.

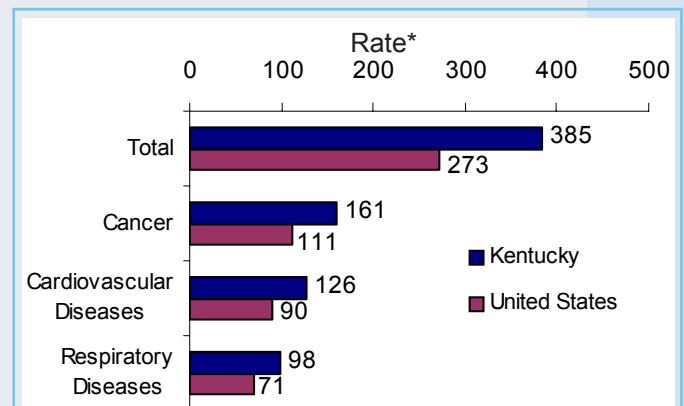


Figure D-1: Smoking-Attributable Mortality Rate by Disease (Source: SAMMEC, 2001). *Rates are age-adjusted and per 100,000 people.

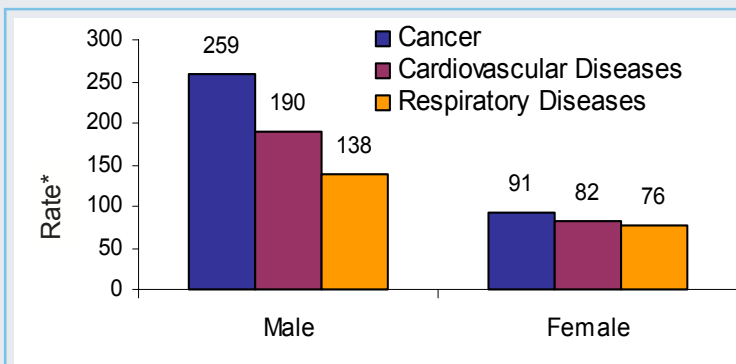


Figure D-2: Kentucky Smoking-Attributable Mortality Rate by Disease and Gender (Source: SAMMEC, 2001). *Rates are age-adjusted and per 100,000 people.

Figure D-2 compares SAM rates by disease in males and females in Kentucky. For every 100,000 people, 259 males die from cancer due to cigarette use, compared to 91 females for the same cause. Males have higher rates of death due to smoking-related diseases than females in all disease categories.

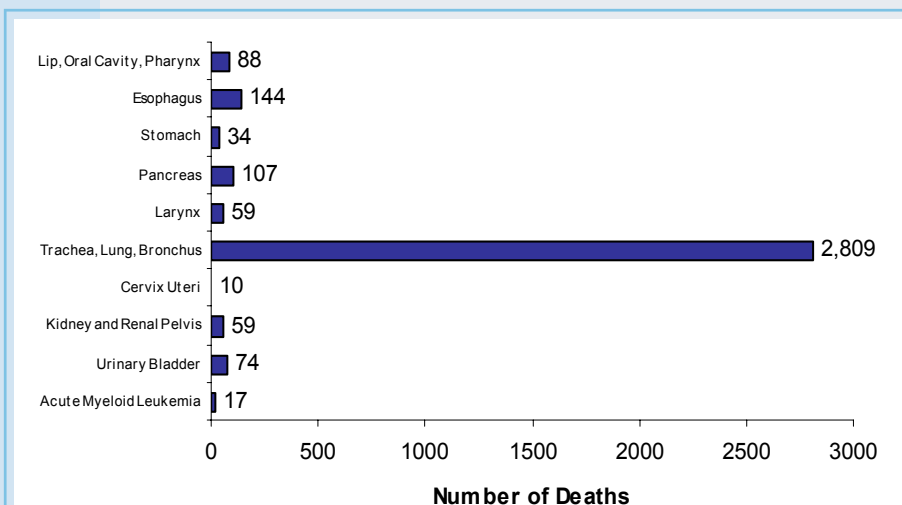


Figure D-3: Specific Cancer Smoking-Attributable Mortality in Kentucky (Source: SAMMEC, 2001).

Figure D-3 shows the number of Kentuckians who die from smoking by specific cancer. Trachea, lung, and bronchus cancer have the highest number of deaths, with approximately 2,800 smokers dying from this type of cancer each year.

Figure D-4 shows the number of deaths in Kentucky from cardiovascular diseases each year. Ischemic heart disease from smoking causes the most deaths in this category.

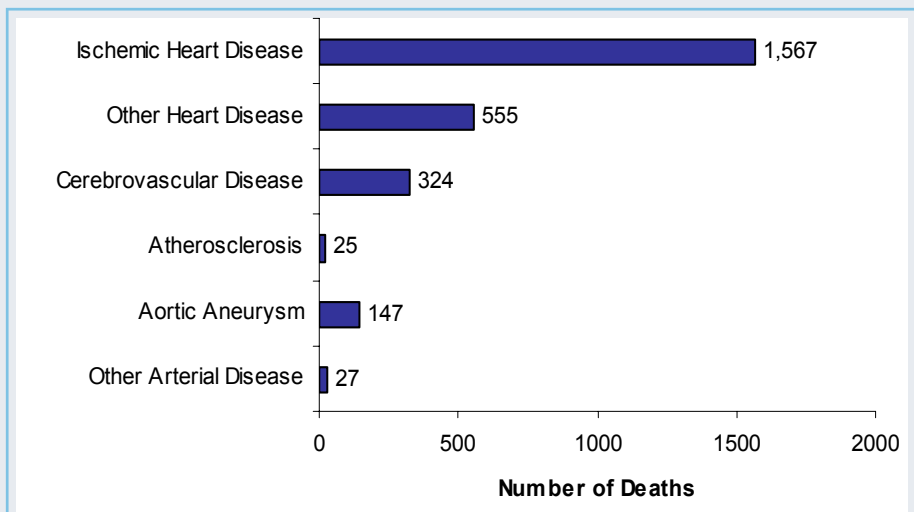


Figure D-4: Specific Cardiovascular Disease Smoking-Attributable Mortality in Kentucky (Source: SAMMEC, 2001).

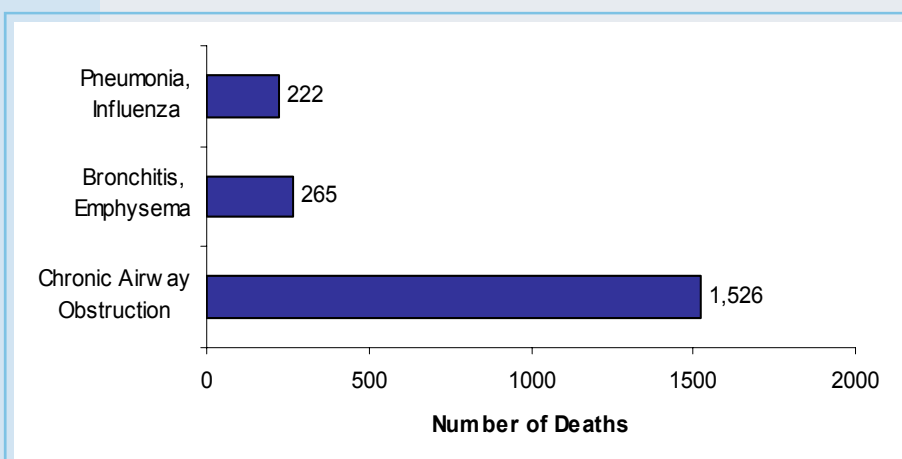


Figure D-5: Specific Respiratory Disease Smoking-Attributable Mortality in Kentucky (Source: SAMMEC, 2001).

Figure D-5 shows the number of deaths in Kentucky from respiratory diseases each year. Chronic airway obstruction due to smoking causes the most deaths in this category.

Years of Potential Life Lost

Years of Potential Life Lost (YPLL) is an estimate of early mortality defined by the number of years of life lost among persons who die prematurely. In terms of cigarette use, YPLL is based on the total number of years lost from persons who die prematurely from a smoking-attributed mortality. Total YPLL in Kentucky in 2001 was approximately 112,235 years.

Figure D-6 compares YPLL rates by disease in Kentucky and the United States. In Kentucky, 5,597 years of potential life are lost for every 100,000 people, compared to 3,805 years nationally.

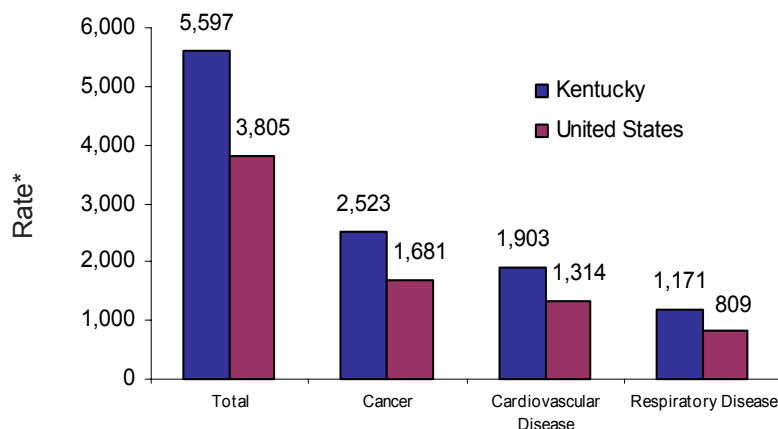


Figure D-6: Years of Potential Life Lost Rate by Disease (Source: SAMMEC, 2001).

* Rates are age-adjusted and per 100,000 people.

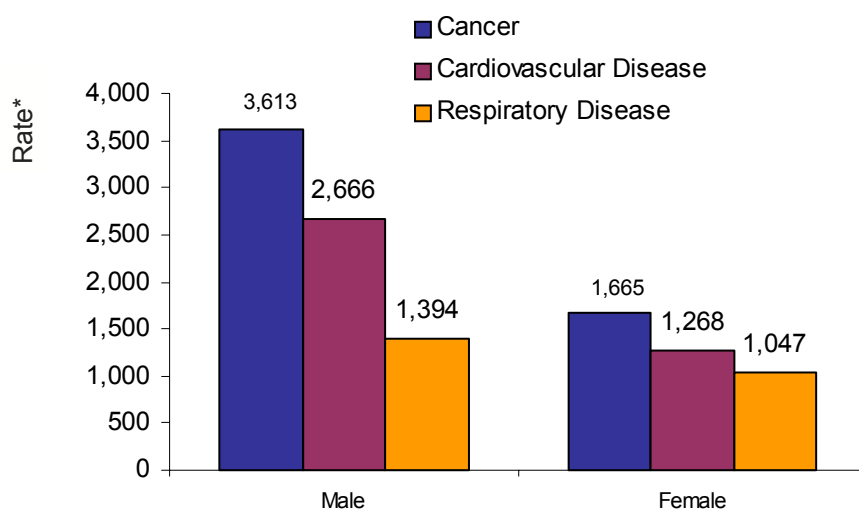


Figure D-7: Kentucky Years of Potential Life Lost by Disease and Gender (Source: SAMMEC, 2001).

* Rates are age-adjusted and per 100,000 people.

Figure D-7 compares YPLL rates by disease among males and females in Kentucky. Males in Kentucky lose 7,673 years, for every 100,000 people, due to total premature deaths caused by smoking, compared to 3,980 female years of life lost.

Section E

Economic Consequences

Smoking-Attributable Expenditures

Smoking-Attributable Expenditures (SAE) are estimated healthcare costs of smoking. These expenditures are based on personal healthcare costs of smokers and former smokers compared to healthcare costs of people who have never smoked.

Figure E-1 shows annual SAE in Kentucky by specific healthcare cost. Expenditures due to smoking in Kentucky range from a high of \$371 million in ambulatory costs to a low of \$80 million for other healthcare costs, which includes home health, nonprescription drugs, and non-durable medical products. Total smoking-attributable medical expenditures in

Kentucky are approximately \$1.2 billion annually. It is estimated that each household in Kentucky has a \$567 federal and state tax burden every year from smoking-caused government expenditures.⁴

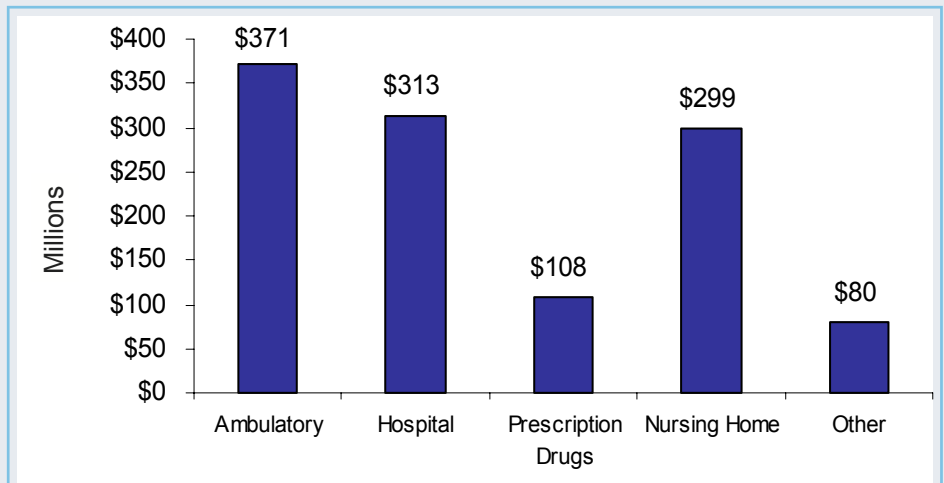


Figure E-1: Kentucky Smoking-Attributable Expenditures in Millions by Specific Healthcare Cost (Source: SAMMEC, 1998).

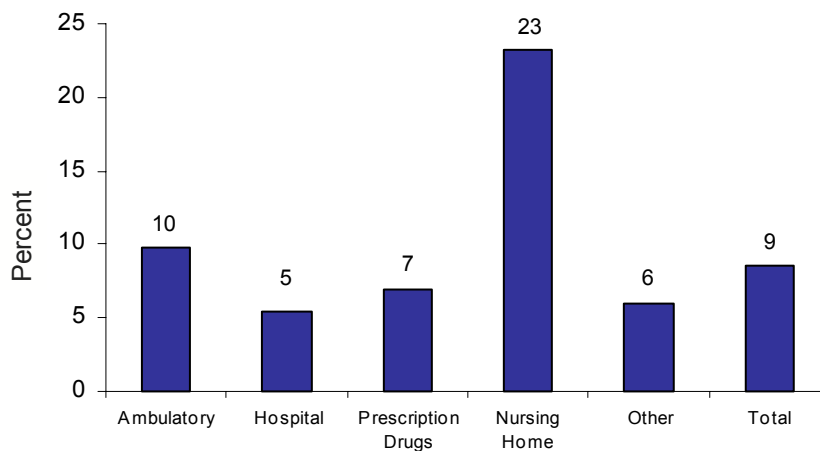


Figure E-2: Kentucky Smoking-Attributable Expenditures as a Percentage of Specific Healthcare Cost (Source: SAMMEC, 1998).

Figure E-2 shows the proportion of costs in Kentucky caused by smoking in each healthcare category. Twenty-three percent (23%) of Kentucky's total nursing home expenditures are due to smoking-related illnesses. Similar patterns of smoking-related proportions of specific healthcare costs are seen in the states surrounding Kentucky.

Smoking-Attributable Productivity Losses

Productivity losses are the present value of forgone future earnings from paid labor and forgone future accredited earnings from unpaid household work. Smoking-Attributable Productivity Losses (SAPL) are based on lost future earnings of persons who die from smoking-related illnesses. Kentucky's SAPL are approximately \$2.3 billion.

Figure E-3 compares Kentucky SAPL among males and females. Kentucky males lose \$732 million of future earnings due to deaths from smoking-related cancers, compared to female SAPL of \$352 million from smoking-attributable cancer deaths. Total SAPL by gender are \$1.5 billion for males and \$762 million for females.

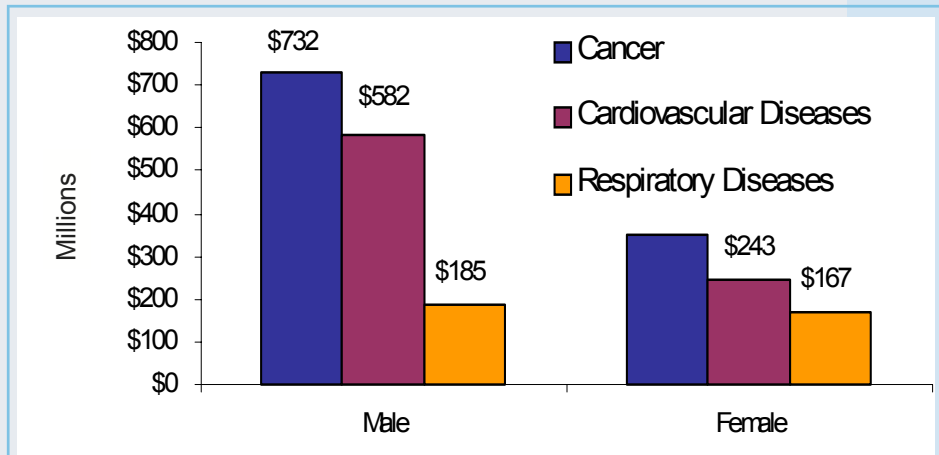


Figure E-3: Kentucky Smoking-Attributable Productivity Losses, in Millions, by Disease and Gender (Source: SAMMEC, 2001).

Figure E-4 shows SAPL in Kentucky from cancer mortality. Trachea, lung and bronchus cancer SAPL are \$876 million. Total SAPL for deaths from cancer, cardiovascular diseases and respiratory diseases in Kentucky are \$1.1 billion, \$825 million, and \$352 million, respectively.

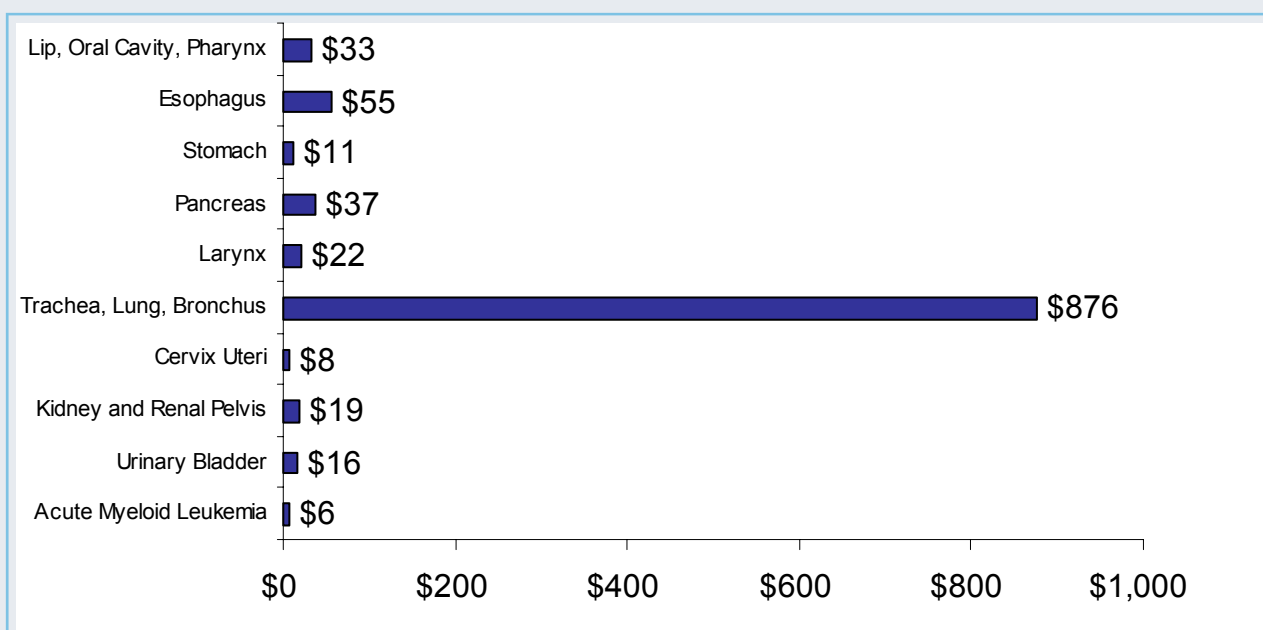


Figure E-4: Kentucky Smoking-Attributable Productivity Losses, in Millions, for Cancer Deaths (Source: SAMMEC, 2001).

Section F

Smoke-Free Policy

According to the Surgeon General's 2000 Report on Tobacco Use, "smoking bans are the most effective method for reducing environmental tobacco smoke (ETS) exposure. Beyond eliminating ETS exposure among nonsmokers, smoking bans have additional benefits, including reduced smoking intensity and potential cost savings to employers."⁵ Smoke-free ordinances and policies prompt more smokers to quit, reduce the number of cigarettes consumed by smokers, and discourage youth from starting to smoke.

Food Service Establishments

Figure F-1 shows a significant increase in the percentage of smoke-free food service establishments from 1999 to 2003. However, the number is still below the Healthy Kentuckians 2010 goal of 51%. This increase reflects voluntary policy change, since no local or state laws restricting smoking in public places had been implemented before July 1, 2003 (ending date of data).

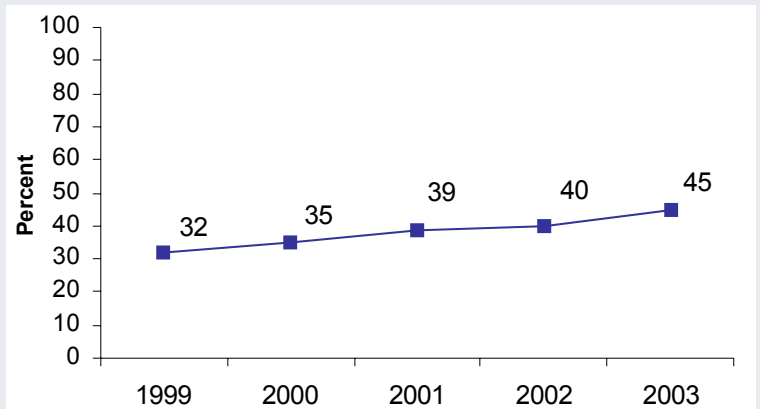


Figure F-1: Smoke-Free Food Service Establishments in Kentucky (Source: FSES)

Manufacturing Workplaces

Figure F-2 presents smoking policies in manufacturing workplaces in Kentucky from 1999 to 2004.

For all years, fewer than half of companies provide resources to employees who want to quit using tobacco. Resources include on-site programs, health insurance coverage of pharmacotherapy (such as nicotine replacement therapy) and behavioral counseling, and employee assistance programs.

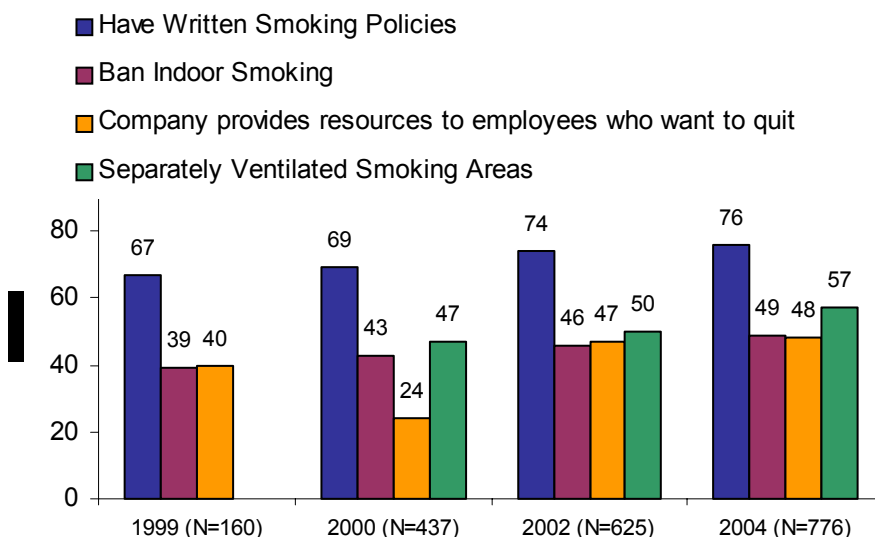


Figure F-2: Manufacturing Workplace Smoking Policies in Kentucky (Source: Workplace Policy Survey, 1999-2004)

Schools

Figure F-3 shows smoking policies in **school buildings** in Kentucky for 2003. While all schools ban student smoking inside, some schools do not have policies prohibiting smoking of staff and visitors inside school buildings.

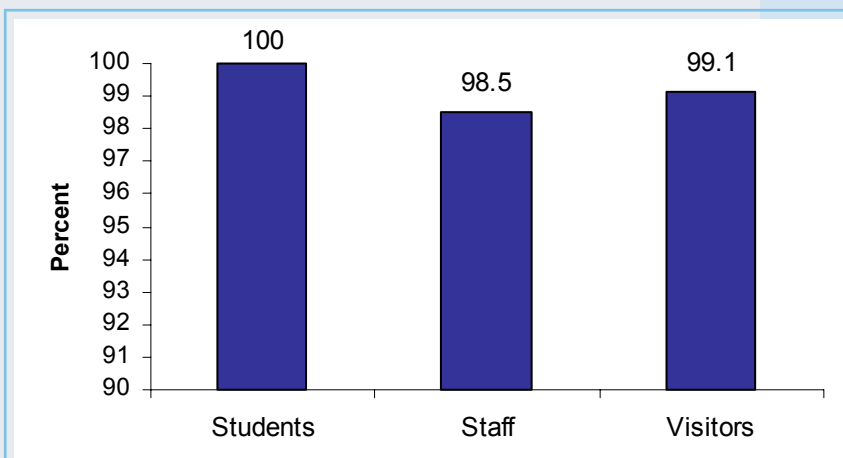


Figure F-3: Groups for which Smoking is Banned in Schools in Kentucky (Source: School Policy Survey, 2003)

Figure F-4 shows various school tobacco policies in Kentucky for 2001 and 2003. Fewer than half of schools ban smoking **on school grounds** for teachers and staff. However, 97% of schools ban smoking for students on school grounds in 2003. Additionally, 28% of middle and high schools in Kentucky provided direct smoking cessation services for students and employees in 2003, which is a significant increase in services provided in schools from 15% in 2001.

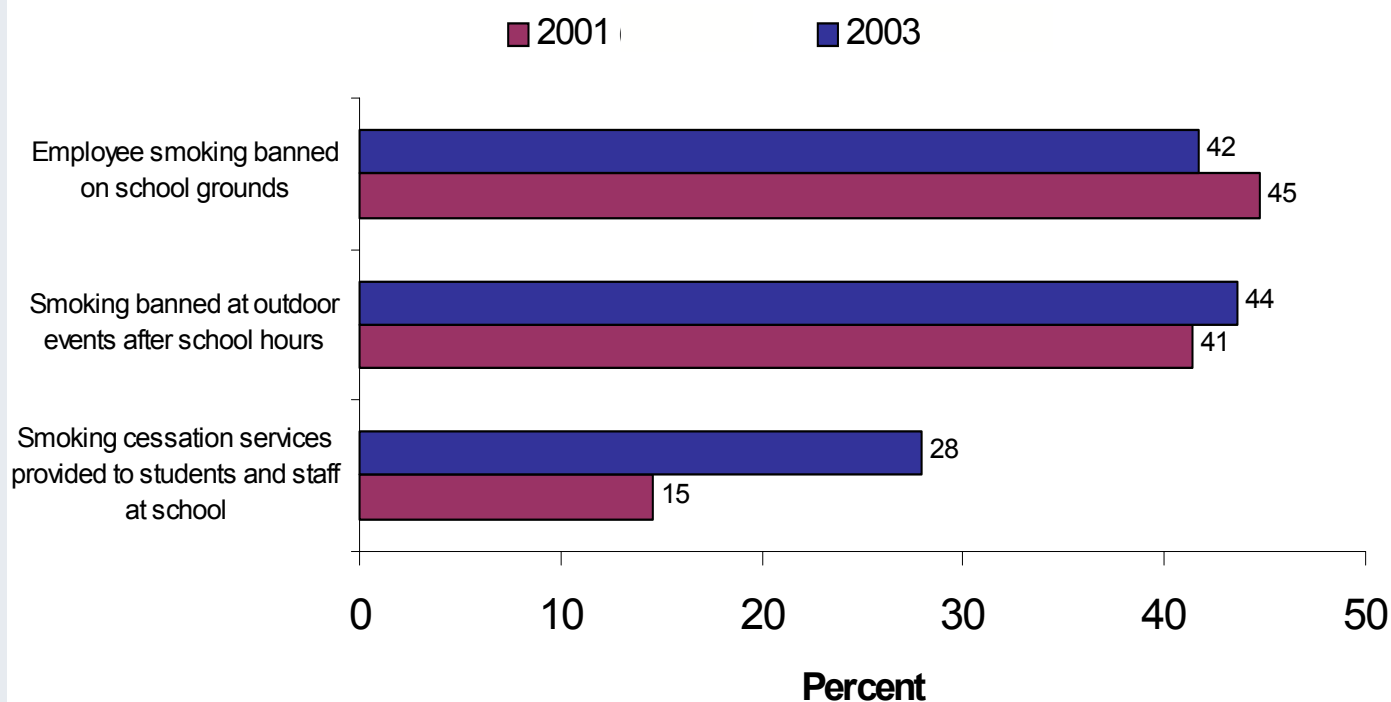


Figure F-4: School Smoking Policies in Kentucky (Source: School Policy Survey)

Illegal Tobacco Sales to Minors

Figure F-5 shows illegal tobacco sales to Kentucky minors over a five year time period. Illegal sales to minors have decreased from 14% in 1999 to 5% in 2004. According to the Illegal Tobacco Sales to Minors Database from the Alcoholic Beverage Control (ABC), Kentucky had a 95% compliance by vendors with the youth access law in 2004. Illegal sales to minors are tracked through an Investigative Aid Program of ABC, which includes monitored attempts to purchase tobacco by underage youth.

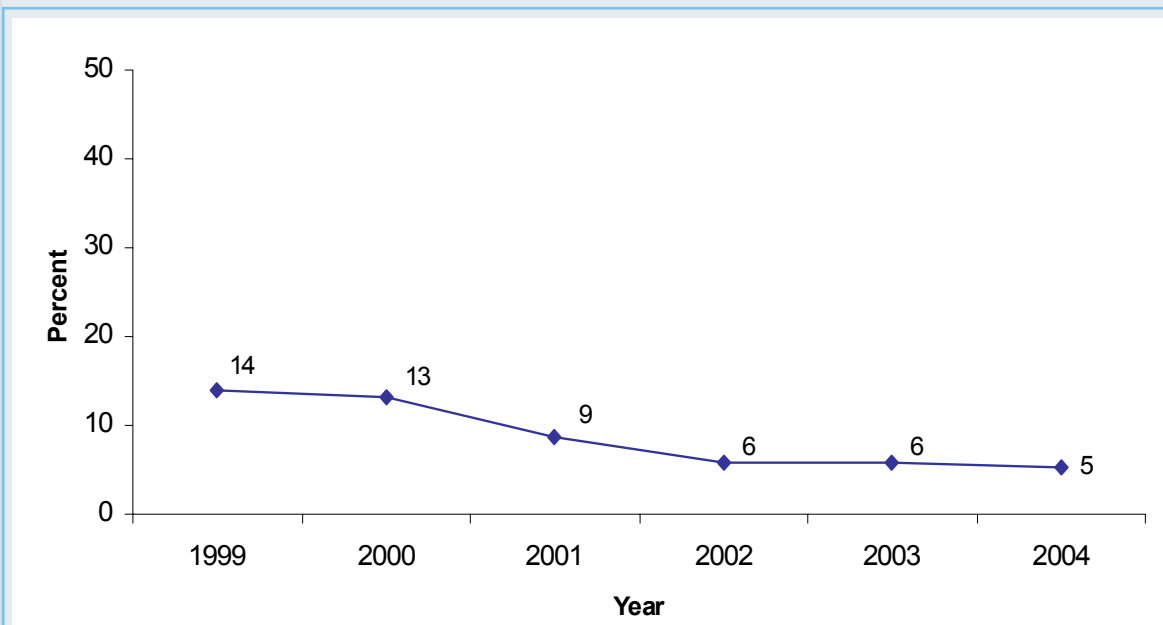


Figure F-5: Illegal Tobacco Sales to Minors in Kentucky from 1999 to 2004 (Source: Kentucky Alcohol Beverage Control)

An additional source for illegal sales data is the Synar survey, which is conducted annually on randomly-selected tobacco outlets and is a requirement of the Substance Abuse Prevention and Treatment Block Grant. It has produced compliance rates that are similar to the regular Illegal Sales to Minors rates. Since the baseline rate of 76% compliance in 1997, Synar rates have been increasing every year. The Synar survey for Federal Fiscal Year 2005 produced a 94% compliance rate, the highest ever. Increasing rates for vendor compliance have been attributed to vendor education, enforcement, and increasing awareness of the law.

Summary

The data in this report details the toll of tobacco in human lives lost, as well as the substantial economic consequences to the Commonwealth. Health care costs attributable to smoking are estimated at \$1.2 billion annually, creating an extra burden of \$567 in state and federal taxes for each Kentucky household. In addition to increased health care costs, it is estimated that Kentucky families experience a loss of an additional \$1.8 billion dollars in income as a result of premature death from smoking related disease.

One bright spot in Kentucky was the decrease in smoking among middle school and high school students from 2000 to 2002. Results from the 2002 Youth Tobacco Survey show a significant drop in current smoking for seventh graders – from 28% in 2000 to 17% in 2002, and for white middle school students from 22% in 2000 to 14% in 2002. There was a small decrease in high school students who smoke – 37% in 2000 and 34% in 2002. Trend data from the National Youth Risk Behavior Survey show a decrease in current cigarette use from 36.4% in 1997 to 21.9% in 2003.

Recommendations from the *Guide to Community Preventive Services* and the Centers for Disease Control and Prevention ("CDC community guide"), 2002;20 (S2) provide the framework for the state's continued work to decrease tobacco use among all Kentuckians.

1. To reduce youth initiation:
 - A. Increase the unit price for tobacco products, particularly through raising state and federal excise taxes, and
 - B. Develop extensive and extended mass media campaigns particularly when they are the centerpieces along with other strategies.
2. To decrease the effects of secondhand smoke:
 - A. Develop laws regulations to restrict or ban tobacco consumption in workplaces and general areas used by the public.
3. To assist with smoking cessation from a population orientation by:
 - A. Using broadcast and print media to encourage people to "quit" along with other strategies,
 - B. Increasing the unit price for tobacco products,
 - C. Using provider education and having providers implement self-reminder systems to ensure that this issue is raised during the clinical examination, and
 - D. Providing telephone counseling and support along with other strategies.

Every effort is being made to maximize the investment in reducing the toll of tobacco on the health of Kentuckians. Changing social norms is a process that begins in the local communities and takes time. The public is becoming more aware of the health effects of tobacco use, the potential benefits of raising the excise tax (on cigarettes), and the negative economic effect on tobacco farmers.

Whether you encourage a family member or friend to quit, or encourage tobacco free policies at work, school, or in your community, reducing the toll of tobacco use in Kentucky is everyone's responsibility.

Healthy Kentuckians 2010 Objectives

Section A: Current Use Among Adults and Youth

Objective 3.1 Reduce the proportion of adults (18 and older) who use tobacco products to 25%.

Objective 3.6 Reduce the proportion of young people who have smoked cigarettes within the past 30 days to 28%.

Section B: Smoking During Pregnancy

Objective 3.4 Reduce cigarette smoking among pregnant women to a prevalence of no more than 17%.

Section C: Quit Attempts

Objective 3.2 Increase to 58% the proportion of cigarette smokers aged 18 and over who stop smoking for a day or more.

Section F: Smoke-Free Policy

Objective 3.15 Increase to 100% the proportion of schools with tobacco-free environments including all school property, vehicles and at all school events.

Objective 3.16 Increase to 100% the proportion of worksites that prohibit smoking or limit it to separately ventilated areas.

Objective 3.17 Increase to 51% the proportion of food service establishments that prohibit smoking or limit it to separately ventilated areas.

Glossary

Alcoholic Beverage Control (ABC) is an office within the Kentucky Environmental and Public Protection Cabinet. The ABC is responsible for issuing alcoholic beverage licenses and enforcing Kentucky statutes and administrative regulations pertaining to the alcoholic beverage industry.

Age-adjusted rate is a rate in which the crude (unadjusted) rate has been standardized to a particular age group in order to reduce differences in population age distributions.

Area Development Districts (ADDs) are regions in the state consisting of counties collaborating to provide linkages between local, state, and federal government and private organizations.

Bidis (pronounced “bee-dees”) are hand-rolled cigarettes wrapped in a leaf and tied with a string, and imported to the United States primarily from India and other Southeast Asian countries. They are small, thin, and can be flavored or unflavored.⁷

Current smoking among adults is having smoked at least 100 cigarettes and now smoking everyday or some days. Current smoking among youth is defined as smoking cigarettes on one or more of the past 30 days.

Food service establishments are any facility that serves prepared food, including gas stations, convenience stores, and food markets, but not including schools, day care centers, and churches.

Healthy Kentuckians 2010 is a prevention initiative specific to the state and based on the national initiative, Healthy People 2010. Common goals of these initiatives are to increase years of healthy life and eliminate health disparities.

Illegal tobacco sales to minors are sales of any tobacco product by a retail establishment to an underage purchaser.

Master Settlement Agreement is an agreement between major tobacco companies and 46 states that awarded funds to states for the relief of the burden tobacco products have caused through lost productivity and healthcare costs.

Quit attempts among adults is quitting smoking for a day or longer at least once in the past year.

Smoking-Attributable Expenditures (SAE) are estimated health care expenditures attributed to diseases for which cigarette smoking is a primary risk factor.

Smoking-Attributable Mortality (SAM) is the estimated number of deaths caused by diseases for which cigarette smoking is a primary risk factor.

Smoking-Attributable Productivity Losses (SAPL) are the estimated present value of foregone future earnings from paid labor and of foregone imputed earnings from unpaid household work by persons projected to die prematurely because of smoking.

Synar is a federal law, named for the late Congressman Mike Synar, requiring states to restrict and reduce youth access to tobacco products or risk losing block grant funding for alcohol and drug programs.

Years of Potential Life Lost (YPLL) are the estimated total number of years lost because of premature deaths attributable to cigarette smoking.

References

1. Centers for Disease Control and Prevention. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs— United States, 1995-1999. *Morbidity and Mortality Weekly Report* 2002;51:300-301.
2. Campaign for Tobacco-Free Kids. The Toll of Tobacco in Kentucky, Deaths in Kentucky From Smoking. Available at <http://tobaccofreekids.org/reports/settlements/toll.php?StateID=KY>.
3. Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC): Adult SAMMEC and Maternal and Child Health (MCH) SAMMEC software, 2004. Available at <http://www.cdc.gov/tobacco/sammec>.
4. Campaign for Tobacco-Free Kids. The Toll of Tobacco in Kentucky, Smoking-Caused Monetary Costs in Kentucky. Available at <http://tobaccofreekids.org/reports/settlements/toll.php?StateID=KY>.
5. U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2000.
6. Centers for Disease Control and Prevention. *CDC community guide*, 2002;20 (S2).
7. Centers for Disease Control and Prevention. Bidi use among urban youth—Massachusetts, March–April 1999. *Morbidity and Mortality Weekly Report* 1999;48(36):796–799.

Data Sources

The data in this report is the most recent data available, or is most recent available for comparison to nation or other states. Not all surveys or databases are conducted or updated on an annual basis.

BRFSS: Behavioral Risk Factor Surveillance System available at:
<http://www.cdc.gov/brfss/>

YTS: Youth Tobacco Survey available at <http://chfs.ky.gov/dph/tobaccodata.htm> for Kentucky and <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5245a2.htm#tab1> for the United States.

Vital Statistics data on smoking during pregnancy available at
<http://www.cdc.gov/reproductivehealth/PrenatalSmkbk/index.htm>.

SAMMEC: Smoking-Attributable Morbidity, Mortality, and Economic Costs available at <http://apps.nccd.cdc.gov/sammec/>.

Data from the following sources are available on the Kentucky Tobacco Policy Research Program website:
<http://www.mc.uky.edu/TobaccoPolicy/KyData.HTM>

FSES: Food Service Establishment Survey

Workplace Policy Survey

School Policy Survey

Illegal Tobacco Sales to Minors Database (Alcoholic Beverage Control)

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A PDF version of this document can be downloaded at
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